## **Commonwealth of Kentucky**

## **Individual Office Report to the Department of Financial Institutions**

For the Year Ended December 31, \_\_\_\_\_

Of Licensees engaged in the business of making loans of \$15,000 or less under the Kentucky Consumer Loan Act.

(Every Licesee Operating More Than One Licesed Office In Kentucky must File A Report On This Individual Office Report Form For Each Office. This Short Form Is Supplementary To The Annual Report Form Filed. The Item Numbers On This Form Correspond With Those On The Composite Report).

1.	Name of Licesee		
2.	License Number		
3.	Place of Business		
4.	Name of Manager		
5.	State whether Corporation, Parnership, Association, or Individual		
6.	Rates Charged Borrowers		
7.	Are charges added on and included in Face Amount of Note?		
8.	Kind of Insurance Sold and Written in Connection with Consumer Loans		
9.	9. Name of Insurance Company and Address		
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10	O. Insurance Agent or Broker		
11	1. Describe Any Other Business Conducted in the Same Office		
			_
		Column 1 End of	Column 2 End of
12 I	oans Receivable Under the Kentucky Consumer Loan Act	Present Year	Preceding Year \$
(a) Gross Amount of Add-on Type Loans		Ψ	, <u>, , , , , , , , , , , , , , , , , , </u>
(b) Less Unearned Charges (c) Net Amount of Add-on Type Loans			
(	d) Loans on Percent Per Month Basis		
	) Total Outstanding (Net of Unearned Charges) Less Reserve for Bad Debts		
	g) Net Loans Receivable		
			1
	Kentucky Consumer Loan	Act Loans	
		Column 1	Column 2
		Column 1 Number of	Column 2 Net
75. (d)	Total Loans Made During the Year – Net	Accounts	Amount \$
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